

CLAIMS ONLY

Application Number
101699399

Applicant(s)

Filing Date

* May be used for additional claims or amendments.

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Total Indep	Total Depend	Total Claims
	Indep	Depend	Indep	Depend	Indep	Depend			
1							51		
2							52		
3							53		
4							54		
5							55		
6							56		
7							57		
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42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
Total Indep	4						Total Indep		
Total Depend	23						Total Depend		
Total Claims	27						Total Claims		